1	
1	
Į	

ij . . " "I ı sığı Please type a plus sign (+) inside this box \longrightarrow +

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

		Attorney Docket Number		60,130-1197/01MRA0362	
DECLARATION FOR UTILITY OR			First Named Invento	r	Bell
DESIGN PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN			
		Application Number			
✓ Declaration ☐ Declaration Submitted OR Submitted with Initial Filing (sure	_	Filing Date	Here	with	
	Declaration Submitted after Initial	Group Art Unit			
	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
AXLE LUBRICANT ISOLATION						
l						
Application Number and was amended on (MM/DD/YYYYY) less and was amended on (MM/DD/YYYYY) less and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
1?						
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
1						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

					$\overline{}$
Ploaso typo a	plus sign	(+) insiso	Use box	\rightarrow	+

Ploase type a plus sign (*) inside this box \rightarrow +Approved for use through 10/31/2002, OMB 0851-4042

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMS control number.

DECLARATION — Utility or Design Patent Application						
I TREAT 30 COMOSHODHODCO IO: I I	Customer Nur or Bar Code L				OR V	Correspondence address below
Name William S. Gottschalk						
Address 400 W. Maple Road						
Suite 350 Address						
Birmingham chy				State	Michigan	2IP 48009
County United States		Talephon	(248)) 988-8	360	(248) 988-8363 Fax
are believed to be true; and further the made are punishable by fine or impriso	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopartize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INV	/ENTOR:			A petit	lon has been fil	ed for this unsigned inventor
Given Name Dalc K. (first and middle (ff any))	Given Name Dalc K. Family Name Bell					
Inventor's Signature Land	1					Date (0/16/0)
Residence: City Ortonvillo State			State MI		Country U.S. Citizenship U.S.	
Mailing Address 2709 Hummer Lake	Road		,			
Mailing Address						
Civ Ortonville	State MI			ZIP 41	8462	U.S.
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					ed for this unsigned inventor	
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature Date						
Residence: City Stat			State		Country	Cittzenship
Mailing Address						
Mailing Address						
City	State			ZIP		Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
M. Lee Murrah	27,460		
Scott M. Confer	40,568		
Theodore W. Olds	33,080		
John E. Carlson	37,794		
David J. Gaskey	37,139		
Kerrie A. Laba	42,777		
William S. Gottschalk	44,130		
David L. Wisz	46,350		
Karin H. Butchko	45,864		
John M. Siragusa	46,174		
Anthony P. Cho	47,209		
,	,		
İ	ł		
1			
l			
•			
l			
	1		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



i spin

1 🚐